MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		6				
5	1	2				
6	1					
7		1				
8	1					
9	1					
10	1					
11	1	1				
12	1					
13		1				
14		1				
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49						
50						
TOTAL IND.	8					
TOTAL DEP.	9					
TOTAL CLAIMS	17					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						